

HAZARDOUS WASTE NOTIFICATION

I. GENERAL INFORMATION

Company Name: _____

Physical Address: _____

City: _____

State _____

Zip Code _____

Contact Person: _____

Email _____

Receiving Publicly Owned Treatment Works: William Edwin Ross WWTP, Richmond Sanitary District

NPDES Permit No.: IN0025615

WWTP Address: 2380 Liberty Avenue, Richmond, Indiana 47374

II. HAZARDOUS WASTE INFORMATION

 Check all that apply. [Use additional sheets if necessary]

- a.** ☐ No hazardous wastes are discharged to the sanitary sewer system.
- b.** ☐ Less than 15 kilograms or 33.1 pounds of non-acute hazardous wastes are discharged to the sanitary sewer per calendar month. (1 oz mixed in 1 gal. = 8.34 lbs and <33.1 lbs = 3.97 gallons)
- c.** ☐ Any quantity of acute hazardous waste as defined in 40 CFR 261.30(d) and 261.33(e) are discharged to the sanitary sewer system per calendar month.
- d.** ☐ More than 15 kilograms or 33.1 pounds of non-acute hazardous wastes are discharged to the sanitary sewer per calendar month.
- e.** ☐ More than 100 kilograms or 220.7 pounds of hazardous wastes are discharged to the sanitary sewer per calendar month.

If (c) or (d) are checked, please complete the following items:

Name of Hazardous Waste(s): _____

EPA Hazardous Waste Number(s): _____

Type of Discharge for each Hazardous Waste: _____

_____ Continuous

_____ Batch

_____ Other

If (e) is checked, please include the following information for each hazardous waste, to the extent that such information is known.

Hazardous Waste Constituent Information:

Name of Constituent	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)

III. OTHER NOTIFICATIONS

Have you notified the following: (Check the appropriate responses)

EPA Regional Waste Management Division Director?

Yes

No

State Hazardous Waste Authority?

Yes

No

IV. CERTIFICATION

If (a) is checked, please sign the following certification statement and mail the form.

I certify that our Company does not discharge hazardous waste, in quantities, that require notification under 40 CFR 403.12 (p) of the Clean Water Act.

Signature: _____

Title: _____

Date _____

If (b), (c), (d), or (e) is checked, please sign the following certification statement and mail the form.

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature: _____

Title: _____

Date _____

Please mail the completed form to: Pretreatment Coordinator
Richmond Sanitary District, 2380 Liberty Avenue, Richmond, Indiana 47374

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